

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

See Instructions on Reverse Side

1. County Ozaukee Town ☒ Cedarburg, ☐ Village ☐ City ☐ Check one and give name

2. Location SW 1/4 of SE NE 1/4 of Sec. 35 T10N R21E
Name of street and number of premise or Section, Town and Range numbers

3. Owner ☒ or Agent ☐ Warren Tupper
Name of individual, partnership or firm

4. Mail Address Cedarburg, Wisconsin
Complete address required

5. From well to nearest: Building 10 ft; sewer ft; drain ft; septic tank 70 ft;
dry well or filter bed 80 ft; abandoned well ft.

6. Well is intended to supply water for: Home

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	48			
6	42	124			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	19.45# Well Cas.	0	42

9. GROUT:

Kind	From (ft.)	To (ft.)
Cement Slurry	0	42

11. MISCELLANEOUS DATA:

Yield test: 10 Hrs. at 20 GPM.

Depth from surface to water-level: 40 ft.

Water-level when pumping: 45 ft.

Water sample was sent to the state laboratory at:

Madison on Jan. 18 19 60
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Gravel	0	28
Limestone	28	124

Construction of the well was completed on:

Jan. 18 19 60

The well is terminated 10 inches
☒ above, below ☐ the permanent ground surface.

Was the well disinfected upon completion?

Yes / No

Was the well sealed watertight upon completion?

Yes / No

Signature Robert Demers
Registered Well Driller

631 S. Wash. Ave. Cedarburg, Wis.
Complete Mail Address

Please do not write in space below

Rec'd No.

Ans'd

Interpretation

10 ml 10 ml 10 ml 10 ml 10 ml

Gas—24 hrs.

48 hrs.

Confirm

B. Coli

Examiner



0 2 6 6 0 7